

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009649

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registrar No. 3076 Registrar's No. 45

FILED MAR 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)

Nevada

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

929 East Walnut

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Vernon

c. CITY  
OR  
TOWN

Nevada

d. STREET  
ADDRESS

929 East Walnut

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ABNER

Middle

Last

CARGILL

4. DATE  
OF  
DEATH

Month

March

Day

7

Year

1962

## 5. SEX

M

## 6. COLOR OR RACE

Wh

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

3-7-1888

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Caretaker

## 10b. KIND OF BUSINESS OR INDUSTRY

Izaak Walton Lake

## 11. BIRTHPLACE (City and state or country)

Cedar County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

David Cargill

## 13b. MOTHER'S MAIDEN NAME

Armilla Brown

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

## Address

Bob Cargill, 929 E. Walnut, Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocarditis

INTERVAL BETWEEN  
ONSET AND DEATH

Don't know

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Refusal of all meals for several days.

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

no

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

Nevada

## COUNTY

Vernon

## STATE

Mo

## 21. I attended the deceased from

Feb 3 - 62

to Mar 7 - 62 and last saw him alive on

Mar 6 - 62

Death occurred at

9:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Name or title)

W. Love Jan

## 22b. ADDRESS

Nevada Mo

## 22c. DATE SIGNED

3/8/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

March 9, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Deepwood Cemetery

## 23d. LOCATION (City, town, or county)

Nevada

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Ferry Funeral Home

Nevada, Missouri

## 25. DATE RECD. BY LOCAL REG.

3-10-1962

## 26. REGISTRAR'S SIGNATURE

Arma E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Wisconsin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.